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**Application** 

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Frasi, Ewald

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Filing Date

Art Unit

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First Named Inventor

## Examiner Name Forrest M. Phillips Assistant Commissioner for Patents Washington, D.C. 20231 **Attorney Docket Number** AT 020067 Please change the Correspondence Address for the above-identified application 65913 65913 X Customer Number Type Customer Number here OR Firm or Individual Name **Address Address** City State ZIP Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Altorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration, See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Peter Zawilski Name Signature Date JA 2006 NOTE: Signatures of eli the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below". forms are submitted. \*Total of

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